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MISSOURI INDIVIDUAL INCOME TAX RETURN MARRIED FILING COMBINED — SHORT FORM

2001 FORM MO-1040B

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LAS	ST NAM	ИЕ	FIRST NAME		MIDDLE INITIAL		ED SOCIA	AL SE	CURITY N	IUMBER			
SP	OUSE'	S LAST NAME	MIDDLE INITIAL		ED SPOU	SPOUSE'S SOCIAL SECURITY NUMBER							
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNTY OF RESIDENCE SCHOOL DISTRICT NO.													
SUPPLIES OF TAXABLE (ATTORNET), EXCOUNTERED RESIDENTIALLY, ETC.)													
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE													
Please see the instructions PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOU/YOUR SPOUSE.													
	Piea	to assist you in	AGE 65 OR OL)% DISA	BLEC)	N	ION-OBLIG	ATED	SPOUSE
	C	ompleting this form.	YOURSELF		OURSELF SPOUSI		YOURSEL	.F 🗌	SPOUSE		YOURSEL		SPOUSE
	1.							You	rself	100	S	pous	
Щ	2.	(See worksheet.)					_			00	_		00
INCOME	3.	Subtract Line 2 from Line 1.					=			00	=		00
ĭ	4.	TOTAL MISSOURI INCOME.	Add both num	bers on Line 3 and	enter here			4			(00	
	5.	Income percentages: Divide Li (The total of the two must equ						. 5		%		0/	
	6.	Enter the exemption amount of						6		/0	0	0 6	AUTION!
	7.	Enter your federal income tax	x	i I	Enter this amount	on Line	9 7 or						
		from your 2001 federal return.		00	\$10,000, whicheve	er is les	S	7	+		0		ee Line 7
SNC	8.	Enter your standard or itemize	ed deductions. S	see back of form for	amounts			8	+		0	inst	tructions.
DEDUCTIONS		Enter the total number of depe											
Ď		return and multiply by \$1,200.				x \$1,20	00	9	+		0	0	
DE	10.	Enter the number of depender and multiply by \$1,000. (Do not be a continuous)				x \$1,0	000	10	+		0	0	
	11.	Enter your long-term care insu						11	+			0	
H		TOTAL DEDUCTIONS. Add L Missouri Taxable Income. Su						12 13	=			0	
_		Multiply Line 13 by the percen	,	•	om Line 4 (Total IV	ISSOUIT			rself			pouse)
TAXES		your spouse				. 14				00			00
ΤA		Use the tax table on back of the tax on amounts from Line 14 f				. 15				00			00
		TOTAL TAXES. Add your tax		•				16		; 00	C	0	: 00
	17.	Enter the Missouri withholding for	r you and your sp	ouse from your Form	W-2(s) and								
N	10	Form 1099(s). Attach copies of F Enter any Missouri estimated	, ,	, ,				17 18				0	
EFI	18. 19.	Total Payments. Add Lines 1						19			1	0	
PAYMENTS/REFUND		If Line 19 (Total Payments) is											
EN	04	You have overpaid. (If Line 19						<u>20</u> 21				0	
ΥM	21.	Enter the amount from Line 20		•	W	Children's	·····		ns Trust		derly Home		ouri National
Þ/	22.	You may donate part of your of payments to any or all of the ti	•		tional	Trust Fund	***	Fund		Tr	elivered Meals rust Fund	A Guar	rd Trust Fund
_		the amount of your donation in	n the appropriate	e boxes	22	C	00	1	00		00	I	00
TO	23.	Subtract Lines 21 and 22 from Mail to: Department of Reven				R	EFUND	23			0	0	
Ę	24.	If Line 19 is less than Line 16,								Ŭ			
MAIL		Mail to: Department of Reven The Department of Revenue may of	ue, P.O. Box 32	29, Jefferson City,	MO 65107-0329			24			C	0	
	Under	penalties of perjury, I declare that I have	examined this return,	including accompanying so	chedules and statements,	and to the	best of my	y know	ledge and	belief it is	s true, DOF	s	E P F
및	of up t	et, and complete. Declaration of preparer (ot to \$500 shall be imposed on any individual v	ther than taxpayer) is t who files a frivolous ret	pased on all information of urn.	which he/she has any kno	wledge. A	s provided i				onL'		
巨	I autho	orize the Director of Revenue or delegate to discus	ss my return and attachm	ents with the preparer or any m	ember of the preparer's firm. PREPARER'S SIGN		ои 🗆 а	PRE	PARER'S F	PHONE	EEINI QON	I, OR PTIN	
SIGNATURE	GIGINA			DATE	THEFAMEN SOLUN	MONE					1 LIN, 331	, on r'iiN	
Sic	SPOUS	SE'S SIGNATURE		DAYTIME TELEPHONE	PREPARER'S ADDI	RESS AND 2	ZIP CODE				<u> </u>	DATE	Ξ

STANDARD DEDUCTION AMOUNT

Married Filing A Combined Return — \$7,600

If you or your spouse marked any of the boxes for 65 or older or blind, see your federal return for your standard deduction amount.

MISSOURI ITEMIZED DEDUCTIONS Complete this section only if you itemized deductions on your federal return. (See instructions.) Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 1. Total federal itemized deductions from Federal Form 1040, Line 36 00 1 2 00 3 00 4. 2001 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ 4 00 5. 2001 Railroad retirement tax — spouse (Tier I and Tier II) \$_____ 5 00 + Medicare \$ 6. 2001 Self-employment tax — Amount from Federal Form 1040, Line 27 6 00 7 00 00 10 00 00 11 NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INSTRUCTIONS

WORKSHEET FOR LINE 8 — STATE AND LOCAL INCOME TAXES									
Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line married filing separate). If your federal adjusted gross income is less than or equal to these amour See the instructions for the amount to enter on Line 10 above. Attach a copy of your Federal Itemize Federal Schedule A instructions).	nts, do not complete	this worksheet.							
Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 3 (See page A-6 of Federal Schedule A instructions.) If \$0 or less, enter "0"	1	00							
Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 9 (See page A-6 of Federal Schedule A instructions.)	2	00							
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3	00							
4. Kansas City and St. Louis earnings taxes included on Federal Form 1040, Schedule A, Line 5	4	00							
5. Subtract Line 4 from Line 3		00							
6. Divide Line 5 by Line 1		%							
7. Multiply Line 2 by Line 6		00							
Subtract Line 7 from Line 5. Enter here and on Line 10 above	8	00							

2001 TAX TABLE																	
If Line 1	4 is		If Line 1	4 is		If Line 14 is			If Line 14 is			If Line 14 is			If Line 14 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
100	100 200	\$ 0 2	1,500 1,600	1,600 1,700	\$ 26 28	3,000 3,100	3,100 3,200	62 65	4,500 4,600	4,600 4,700	\$109 113	6,000 6,100	6,100 6,200	\$167 172	7,500 7.600	7,600 7.700	\$238 243
200 300	300 400	4 5	1,700 1,800	1,800 1,900	30 32	3,200 3,300	3,300 3,400	68 71	4,700 4,800	4,800 4,900	116 120	6,200 6,300	6,300 6,400	176 181	7,700 7,800	7,800 7,900	248 253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500 600	600 700	8 10	2,000 2,100	2,100 2,200	36 39	3,500 3,600	3,600 3,700	77 80	5,000 5,100	5,100 5,200	127 131	6,500 6,600	6,600 6,700	190 194	8,000 8,100	8,100 8,200	263 268
700 800	800 900	11 13	2,200 2,300	2,300 2,400	41 44	3,700 3,800	3,800 3,900	83 86	5,200 5,300	5,300 5,400	135 139	6,700 6,800	6,800 6,900	199 203	8,200 8,300	8,300 8,400	274 279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000 1,100	1,100 1,200	16 18	2,500 2,600	2,600 2,700	49 51	4,000 4,100	4,100 4,200	92 95	5,500 5,600	5,600 5,700	147 151	7,000 7,100	7,100 7,200	213 218	8,500 8,600	8,600 8,700	290 296
1,200 1,300	1,300 1,400	20 22	2,700 2,800	2,800 2,900	54 56	4,200 4,300	4,300 4,400	99 102	5,700 5,800	5,800 5,900	155 159	7,200 7,300	7,300 7,400	223 228	8,700 8,800	8,800 8,900	301 307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
Toward the first CO OOO of toyable income in COST. Toy on the income over								9,000		315							

For assistance calculating your tax, go to www.dor.state.mo.us/tax and select the Tax Calculator.

Tax on the first \$9,000 of taxable income is \$315. Tax on the income over \$9,000 is calculated at 6%. Example: If Line 14 of the Missouri return is ₹12,000, then the Missouri tax is \$315 + \$180 (6% of \$3,000) = \$495.

PLUS 6% of excess over \$9,000

NOTE: Make sure \$315 is included in your calculation of tax on taxable income over \$9,000.